



Practitioner's Docket No. D-1131 R

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appellants: **Dale Blackson, et al.**

Confirmation No.: **9612**

Application No.: **09/776,503**

Art Unit: **3624**

Filed: **February 2, 2001**

Examiner: **Hani M. Kazimi**

Title: **System and Method for Dispensing Digital
Information from an Automated Transaction Machine**

RECEIVED

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

JUN 30 2004

GROUP 5000

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. 1.191)**

Appellants hereby request reinstatement of their appeal pursuant to 37 C.F.R. § 1.193(b)(2). Appellants hereby appeal to the Board the decision of the Primary Examiner, mailed March 30, 2004, regarding all unallowed claims (including rejected claims 1-86). No fee is deemed required.

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(b), the fee for filing the Notice of Appeal is:

Other than a small entity	\$330.00
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Notice of Appeal fee due	\$ -0-
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3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.

Appellants believe that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ -0-

TOTAL FEE DUE \$ -0-

5. FEE PAYMENT

No fee is deemed required. A fee has already been paid for a previously filed Notice of Appeal. If necessary, please apply the previously paid fee herein.

Nevertheless, the Commissioner is authorized to charge any necessary fee associated with the filing of this Notice of Appeal and any other fee due to Deposit Account No. 09-0428 (InterBold).

6. FEE DEFICIENCY

If any additional extension and/or fee is required, this is a request therefor and to charge Deposit Account No. 09-0428 (InterBold).

If any additional fee for claims is required, charge Deposit Account No. 09-0428 (InterBold).



SIGNATURE OF PRACTITIONER

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